

**L10 000026895**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

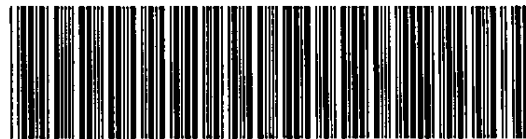
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



**500293867245**

01/24/17--01007--003 \*\*25.00

FILED  
JAN 24 A 10:09  
SECRETARY OF STATE  
TAMPA FLORIDA

**S Warren**  
JAN 25 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MURK DA MIC PRODUCTIONS LLC  
Name of Limited Liability Company

**Dear Sir or Madam:**

**The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.**

**Please return all correspondence concerning this matter to the following:**

Name of Person

**MURK DA MIC PRODUCTIONS LLC**

Firm/Company

PO BOX 1615

**Address**

BOYNTON BEACH FL 33425

City/State and Zip Code

**MURKDAMICP@GMAIL.COM**

**E-mail address: (to be used for future annual report notification)**

**For further information concerning this matter, please call:**

CALEB DOMINIQUE at (561) 577-5459

Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

**Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301**

**MAILING ADDRESS:**

**Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314**

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: MURK DA MIC PRODUCTIONS LLC

2. (a) 109 E BOYNTON BEACH BLVD STE K (b) PO BOX 1615  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

BOYNTON BEACH FL 33435

BOYNTON BEACH FL 33425

01/19/2017

L10000026895

3. Date of filing/registration in Florida 4. Document number

5. (a) DOMINIQUE, CALEB  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
1445 N CONGRESS AVE STE 9  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

DELRAY BEACH, FL 33445

(b) Registered Agents Inc.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Registered Agents Inc.  
NEW Registered Office Address:  
3030 N. Rocky Point Dr. STE 150A

Tampa, FL FL

FILED  
JAN 24 A 10:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Caleb Dominique  
Signature of a member or authorized representative of a member

CALEB DOMINIQUE  
Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Bill Havre  
Signature of Registered Agent Bill Havre / Assistant Secretary